

# Health promotion: better health, better learning

Guidelines for health promotion with schools and preschools



Government  
of South Australia

Children, Youth and  
Women's Health Service

## Checklist

### Using this checklist to improve health and wellbeing

Health promotion enables parents, students, staff and others to increase control over and to improve their physical, mental and social wellbeing.

This checklist provides questions for health workers and educators to consider together when planning and reviewing joint health promotion work.

Using this checklist will increase the likelihood of successful health promotion outcomes. The questions are based on evidence from research and practice and take into account legislation covering schools and preschools.

The checklist is designed to be a shared document. In some health promotion work not all of the questions will be appropriate. At other times a more detailed agreed project and evaluation plan should be prepared in addition to this checklist.

The completed checklist provides documented evidence that supports ongoing partnerships and a record for evaluation and future planning. A copy of the completed checklist should be retained by the health worker and the educator.

### Partnerships are the basis of successful health promotion

#### Successful partnerships with schools and preschools:

- are based on effective communication and strong interpersonal relationships
- fit with schools' focus on learning
- build on the links between health and learning and aim for sustainability
- have common aims, objectives and goals
- require health and education workers to understand and value each other's roles
- are flexible and adaptable
- take time to develop.

Health promotion partnerships can be at a statewide, regional or individual school level. They can involve a range of people from the school or preschool or the wider community.

**For further information about working with schools and preschools in health promotion see:**

- [www.wch.sa.gov.au/chp.html](http://www.wch.sa.gov.au/chp.html) (CYWHS, Centre for Health Promotion)
- [www.schools.sa.gov.au/schlstaff](http://www.schools.sa.gov.au/schlstaff)  
(Department of Education and Children's Services)
- [www.ais.sa.edu.au](http://www.ais.sa.edu.au) (Association of Independent Schools of SA)
- <http://web.ceo.adl.catholic.edu.au> (Catholic Education SA)
- individual school websites.



1. Describe the health promotion initiative, including dates and proposed arrangements

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2. Is this work based on shared ideals, goals and decision making? *(Please describe.)*

☐ **YES**    ☐ **NO** *Create opportunities for involvement in planning*

- ☐ Shared ideals \_\_\_\_\_
  - ☐ Shared goals \_\_\_\_\_
  - ☐ Shared decision making \_\_\_\_\_
  - ☐ Agreed specific outcomes \_\_\_\_\_
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3. Are all the relevant participants actively involved? *(Describe how.)*

☐ **YES** *How?*    ☐ **NO** *Consider ways to increase active involvement*

- ☐ Parents and Caregivers \_\_\_\_\_
  - ☐ School or preschool staff \_\_\_\_\_
  - ☐ Students \_\_\_\_\_
  - ☐ Health workers \_\_\_\_\_
  - ☐ Volunteers \_\_\_\_\_
  - ☐ Others \_\_\_\_\_
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4. Does this work fit with the school or preschools' priorities?

☐ **YES**    ☐ **NO** *Try to match school focus or plan*

How? \_\_\_\_\_

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5. Does this work fit with the health service's strategic or business plan?

☐ **YES** ☐ **NO** *Negotiate with health service manager*

How? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Is there appropriate leadership support for this health promotion work from the school or preschool?

☐ **YES** ☐ **NO** *Negotiate with school leadership*

Who? \_\_\_\_\_  
\_\_\_\_\_  
How? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Is the health worker aware of the relevant school or preschool procedures, policies and practices?

☐ **YES** *Please describe* ☐ **NO** *Access appropriate policies*

- ☐ Any visiting service or volunteer protocols \_\_\_\_\_
- ☐ Child protection \_\_\_\_\_
- ☐ Specific school or preschool procedures \_\_\_\_\_
- ☐ OHSW \_\_\_\_\_
- ☐ Others \_\_\_\_\_

8. Will the health worker be directly involved with students?

☐ **YES** *Teacher required to be present and actively involved at all times* ☐ **NO**

Health worker's name and role: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Teacher's name and role: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Has sufficient time and training been considered and allocated in line with planned activities?

**Health service staff** ☐ **YES** ☐ **NO** *Negotiate with health service manager*  
**School or preschool staff** ☐ **YES** ☐ **NO** *Negotiate with school or preschool leadership*

**Health service staff name(s) and position(s):** \_\_\_\_\_  
\_\_\_\_\_  
When: \_\_\_\_\_  
Total time allocated: \_\_\_\_\_

**School or preschool staff name(s) and position(s):** \_\_\_\_\_  
\_\_\_\_\_  
When: \_\_\_\_\_  
Total time allocated: \_\_\_\_\_

10. Are other non-staff resources required? (Who will arrange and provide?)

☐ **YES** *Have these been arranged?* ☐ **NO**

- ☐ Rooms \_\_\_\_\_
- ☐ Advertising \_\_\_\_\_
- ☐ Newsletters \_\_\_\_\_
- ☐ Equipment \_\_\_\_\_
- ☐ Finance \_\_\_\_\_
- ☐ Travel \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

11. Has appropriate approval been sought from school or preschool management to undertake this work? (Does the suggested initiative need to be taken to the governing body or council before you can progress?)

☐ **YES** ☐ **NO**

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Is there any additional information that needs to be considered? (Please describe.)

☐ **YES** *Follow up as needed* ☐ **NO**

- ☐ Fit with school or community culture \_\_\_\_\_
- ☐ Ethical or moral considerations \_\_\_\_\_
- ☐ Culturally appropriate \_\_\_\_\_
- ☐ Confidentiality issues \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- \_\_\_\_\_

**Health worker contact**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Best times and method of contact: \_\_\_\_\_

**School or preschool staff contact**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Best times and method of contact: \_\_\_\_\_

**Support from school leadership**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Checklist completed by**

Educator: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Checklist completed by**

Health worker: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_